BEHAVIORAL HEALTH SECTION 298 WORKGROUP

Michigan Department of Health & Human Services

Agenda

12:30 PM	**The Workgroup's Purpose** **Lynda Zeller**
12:45 PM	**Welcome** **Lieutenant Governor Brian Calley *(tentative)***
12:55 PM	**Ground Rules** **Peter Pratt**
1:00 PM	**FACTS and the Website** **Lynda Zeller**
1:15 PM	**Finalizing of Core Values** **All**
1:30 PM	**What's Not Working Well?** **All**
2:00 PM	**What's Working Well?** **All**
2:30 PM	**Next Meeting and Thank you** **Lynda Zeller**

The Workgroup's Purpose
Lynda Zeller

- Short-Term Plan (through May)
  - Suggested Boilerplate Concepts
  - Create *Consensus* Outline of a Plan
  - End Statement
  - Framework for Deliberations
  - Deliverables
- After May
  - Flesh out Details and Reach *Consensus* on a Reinvented System

End Statement

To have a coordinated system of supports and services for persons (adults, children, youth, and their families) at risk for or with intellectual/developmental disabilities, substance use disorders, mental health* needs, and physical health* needs. Further, the end state is consistent with stated core values, is seamless, maximizes percent of invested resources reaching direct services, and provides the highest quality of care and positive outcomes for people and the community.

*State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity.

Framework for Deliberations

- Today:
  - Finalize Core Values
  - What are We Doing Now?
    - What's Working?
    - What's Not Working/Barriers?
- April 27 and May 19:
  - How do we Deliver, Oversee/Administer, and Pay for a Coordinated, Seamless System of Services and Supports?

Deliverables

- Completed By the Conclusion of the Four Meetings:
  - Suggested Boilerplate Concepts for the Budget Bill
  - Agreement on Core Values
  - *Consensus* Outline of a Plan

Outline of a Plan

- High-level elements of a coordinated, seamless system of services and supports for the target population
  - Consistent with Agreed Upon Core Values
  - Maximizes the Percent of Invested Resources Reaching Direct Services
  - Delivers the Highest Quality of Care
  - Provides Positive Outcomes for People and the Community

Welcome
Lieutenant Governor Brian Calley *(tentative)*

- ▶ Welcome and a few words

Ground Rules
Peter Pratt

- Ground Rules
  - Civility and Mutual Respect
  - Everything is Assessed Against Agreed Upon Core Values
  - Goal is *Consensus* (two-thirds support), not Unanimity
  - Green, Yellow, and Red Cards to Measure Support
  - Listening!
- Role of State Staff

# FACTS and the Website
Lynda Zeller

- ▶ High-Level Facts Presentation
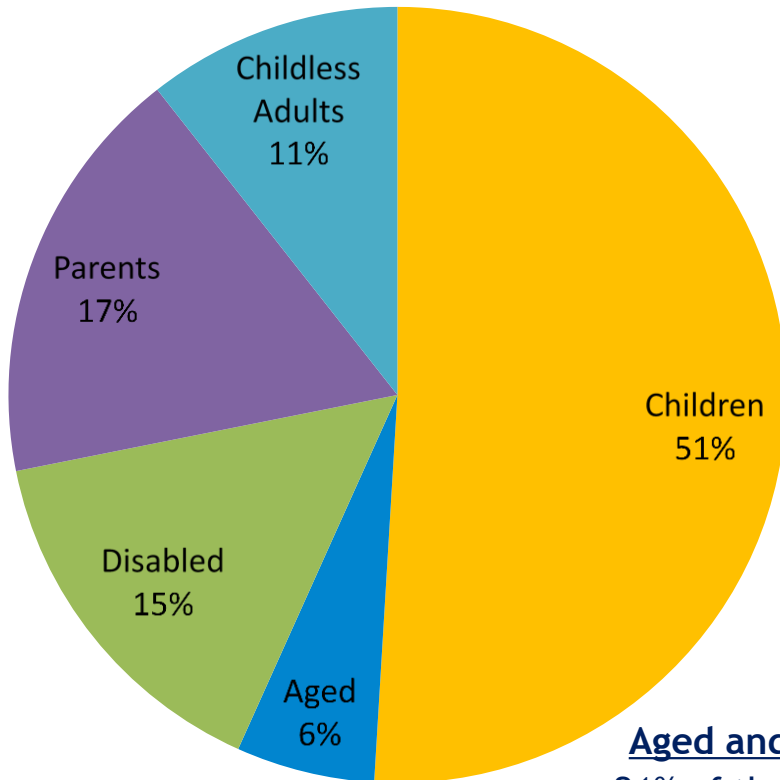
Community Mental Health system

Over 240,000 Michigan residents received services through the CMH system in 2013. Persons served has increased over the past 10+ years, the majority being adults with serious and persistent mental illness.[1]

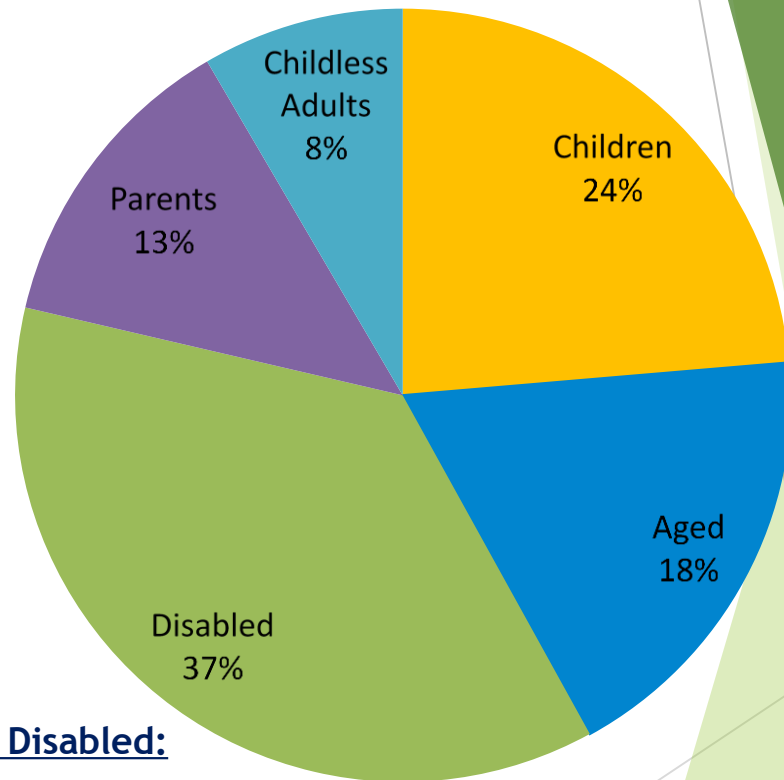MI=Mentally Ill
DD=Developmentally Disabled

Total Served 241,329
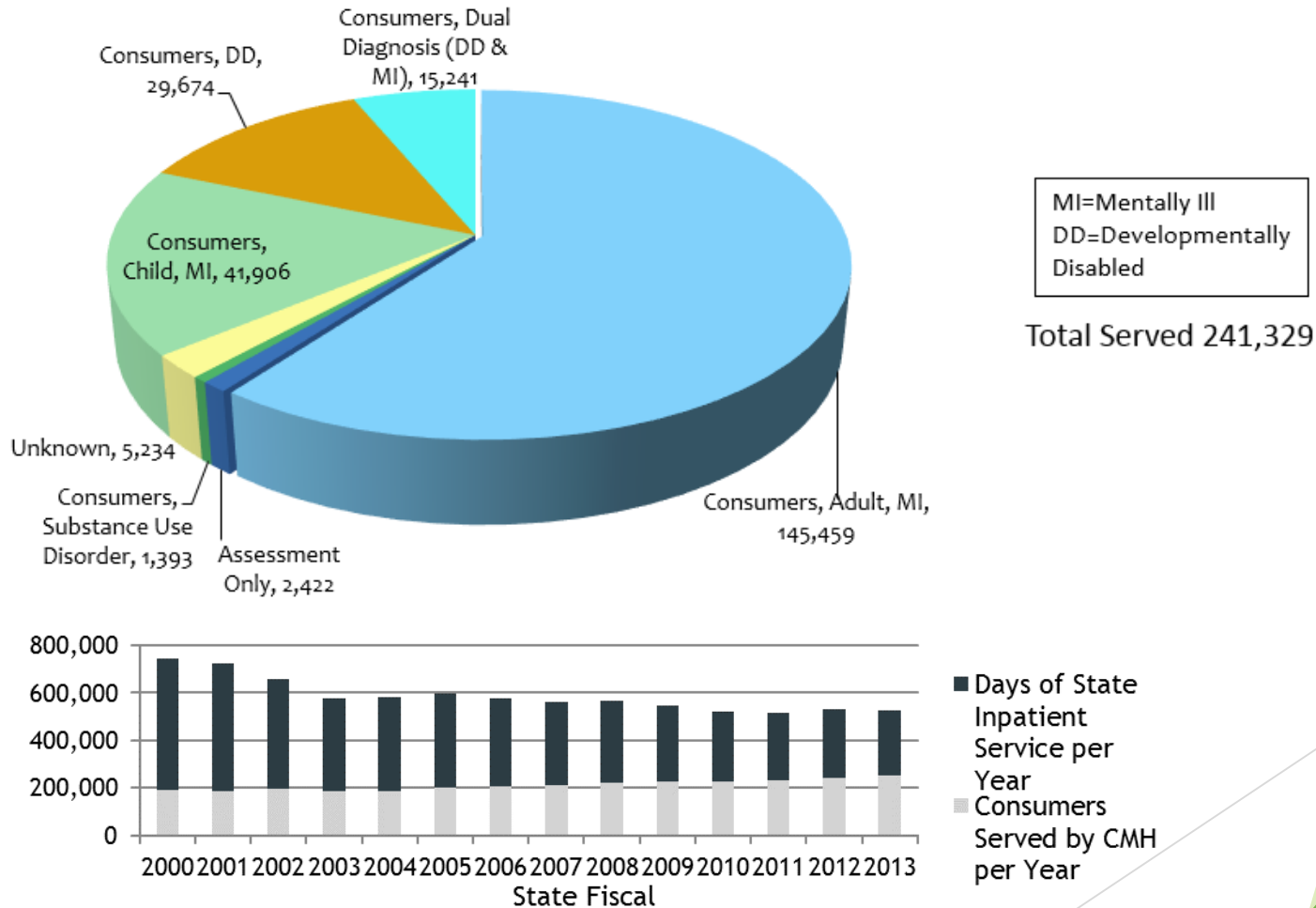
[1] Hanley, F. & Zeller, L., Michigan Department of Community Health, Behavioral Health and Developmental Disabilities Administration Fiscal Year 2017 Presentation to Appropriations Committee on Health & Human Services, February, 2016

Michigan Medicaid program

Eligible Individuals-FY15

Children 51%
Aged 6%
Disabled 15%
Parents 17%
Childless Adults 11%

Costs-FY15

Children 24%
Aged 18%
Disabled 37%
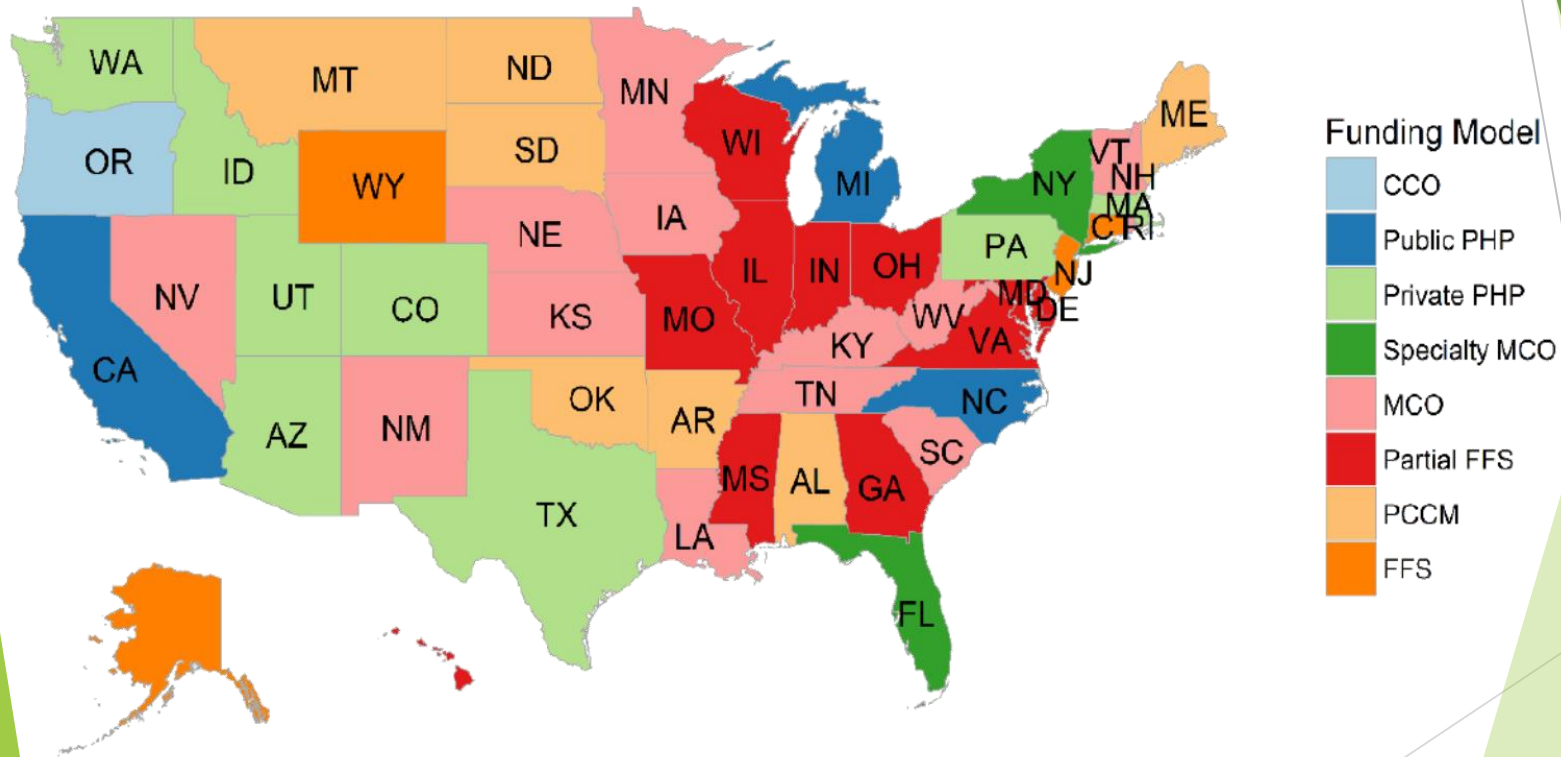**Parents 13%**
Childless Adults 8%

Aged and Disabled:
21% of the consumers
55% of total Medicaid spending

Children:
51% of the consumers
24% of total Medicaid spending

Michigan Medicaid program

Behavioral Health Financing Models by State [1]

Funding Model
- CCO
- Public PHP
- Private PHP
- Specialty MCO
- MCO
- Partial FFS
- PCCM
- FFS

[1] TBD Solutions, Beyond Appearances: Behavioral Health Financing Models and the Point of Care, January, 2016

Corrections and Mental Health

According to the Council of State Governments Justice Center, at least 72% of people in local jails have a serious mental illness substance use disorder, or both. [1]

General Population

5% Serious Mental Disorders

Jail Population

72% Co-Occurring Substance Use Disorder

17% Serious Mental Illness

28% No Co-Occurring Substance Use Disorder

[1] Osher, F. & Potter, P., Council of State Governments Justice Center, Addressing a national crisis: the Justice Center's focus on mental health and jails, October, 2015
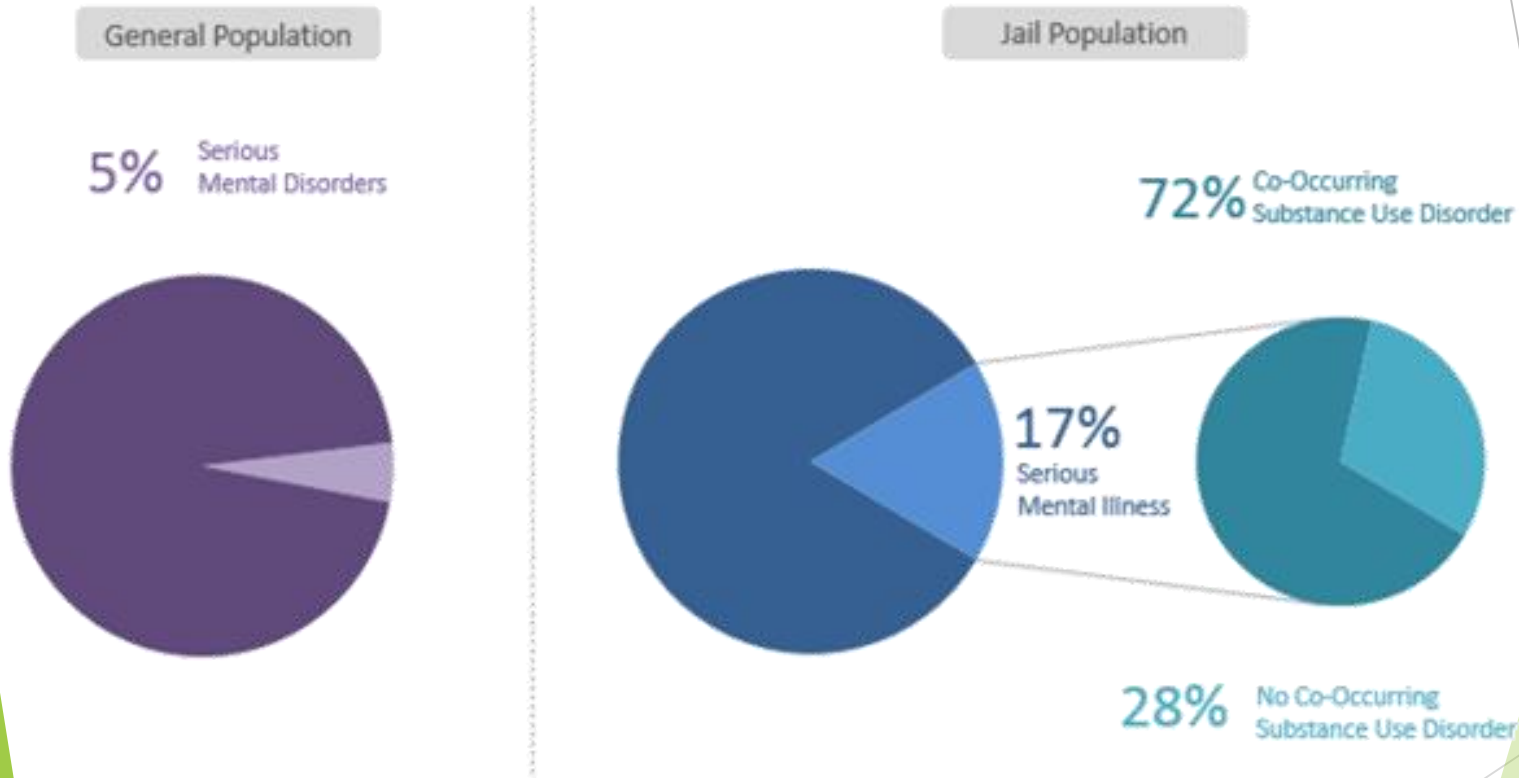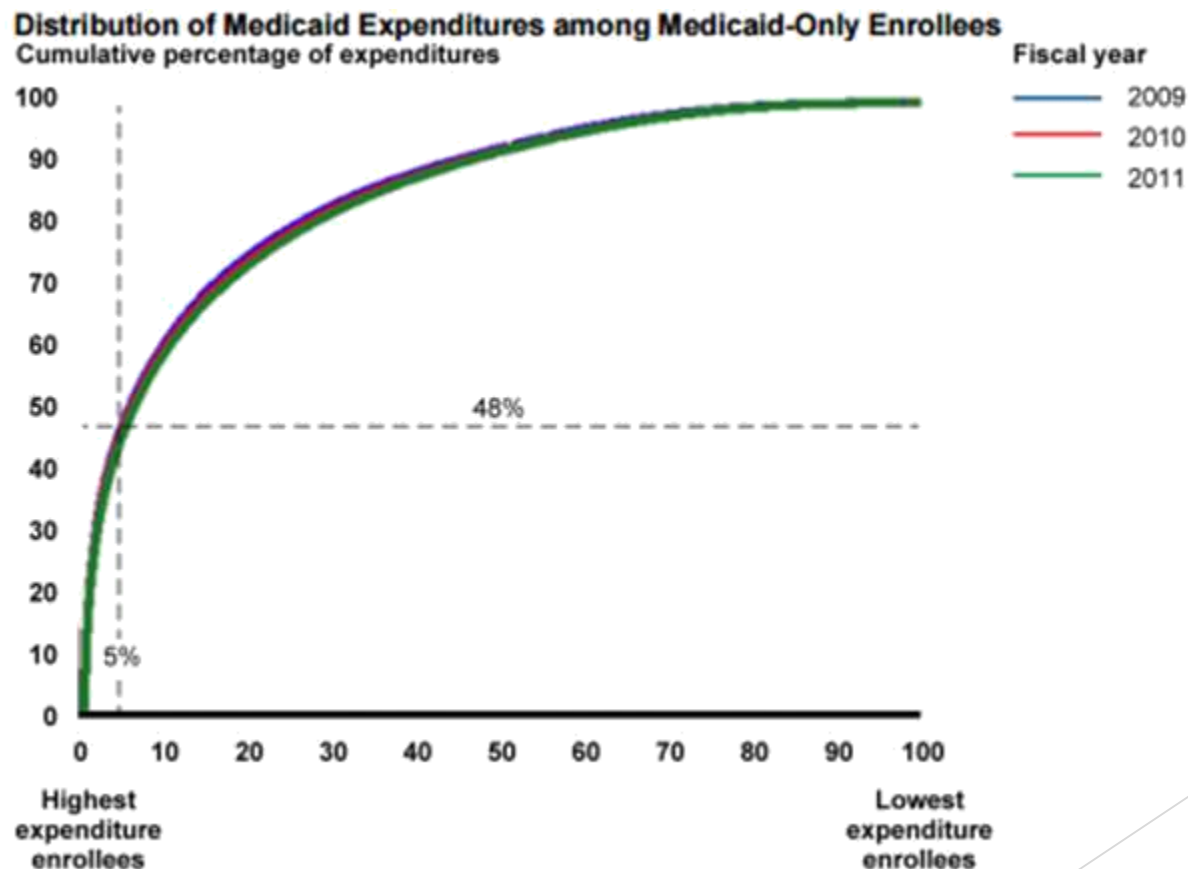
Health Status and Co-Occurring Conditions

Prevalence of Chronic Conditions within the PIHP population [1]
10/1/2008 to 9/30/2010
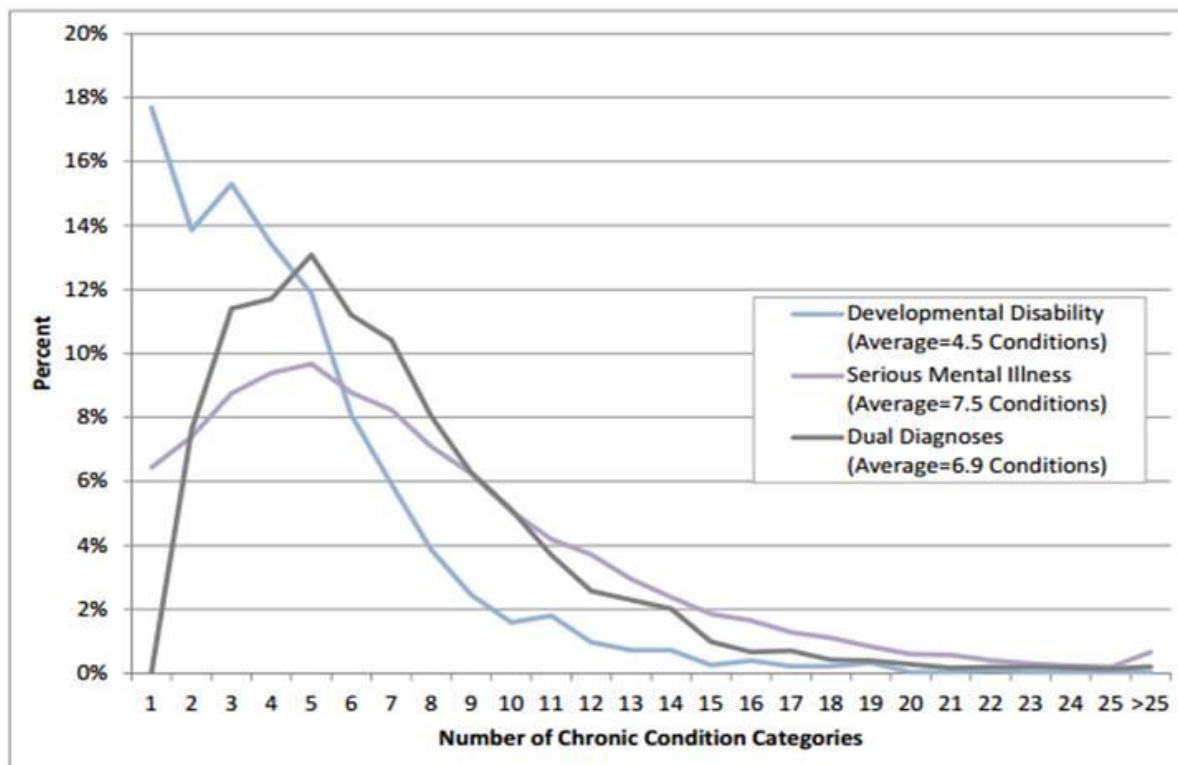
On average, consumers with DD had 4.5 conditions; about 18 percent had only one chronic condition and about 72 percent had five or fewer chronic conditions. SMI consumers had the highest average number of conditions (7.5) among the three disability groups. Consumers with dual diagnoses had an average of 6.9 conditions, while nearly half (47 percent) had three to six chronic conditions.

[1] Michigan Department of Community Health, Behavioral Health and Developmental Disabilities Administration, 2010-2011
Coordination of Care/Medical Services Utilization Focused Study Report, March, 2012

Health Status and Co-Occurring Conditions

A 2015 study issued by the US Government Accountability Office found that the most expensive 5% of Medicaid-only enrollees accounted for almost half of expenditures for this population.[1]

Distribution of Medicaid Expenditures among Medicaid-Only Enrollees
Cumulative percentage of expenditures

[1] GAO, High-Expenditure Medicaid Enrollees, GAO-15-460 (Washington, D.C.: May 2015)

Website

▶ Now Live

▶ Will provide a means to share workgroup information with the public, such as meeting materials and FACTS

▶ Web Address: www.michigan.gov/stakeholder298

Finalizing of Core Values
All

- ▶ Review of Revised Core Values
- ▶ Discussion and *Consensus*

Revised Core Value Concepts

- Person centered

- Family-driven and youth-guided

- Promoting independence and embracing self-determination, freedom, and choice

- Full community inclusion, engagement, and participation reflecting individuals' desires

- Meaningful participation and engagement defined by the person (including education and employment), ensuring that each individual reaches her/his fullest potential

- Positive outcomes for the person and family

- Individuals' satisfaction with care

- Community-based

- Linguistic and cultural competence and relevance (rural, urban, race, ethnicity, gender, faith, and all other categories of the population) to assure that all community members are well served

- Optimal availability and access to a full array of effective care driven by people's needs and desires

- Coordinated, seamless system of supports and services that integrates all care for the whole person

- Outcomes driven and based on evidence or best practices

- Highest quality of care, supports, and services delivered by a robust, trained, and experienced workforce

- Invest in peer supports and recognize their value

- Focus on prevention

- Public oversight and accountability to ensure the public interest

- Maximize percent of invested resources reaching direct services

- Readily available information/outreach about care, services, and supports

- Equity of care, services, and supports across the state

What's Not Working Well?
All

- ▶ How do we make what's not working well work better?

What's Working Well?
All

- ▶ How do we make what's working well work even better—or work well for more people?

Next Meeting-April 27 and Thank You!
Lynda Zeller

- Elements of a Reinvented System:
  - Delivery
  - Oversight/Administration
  - Payment
- Reinvented System Elements Must:
  - Reflect the Agreed Upon Core Values
  - Build on What's Working Now
  - Address what is Not Working Now
  - Address Unmet Need